

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/070768

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1	1		
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
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15			1			
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31			1			
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36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.					6	
TOTAL DEP.					56	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55			1		1	
56			1		1	
57			1		1	
58			1		1	
59			1		1	
60			1		1	
61			1		1	
62			1		1	
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96						
97						
98						
99						
100						
TOTAL IND.				4		
TOTAL DEP.				58		
TOTAL CLAIMS				62		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-5331

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